MIRECC

MENTAL ILLNESS RESEARCH, EDUCATION AND CLINICAL CENTER

Improving the long-term outcome of patients with serious mental disorders

MINDVIEW

Fall 2003

The Role of the Family in Treatment and Recovery

Between 40 to 65 percent of people with a mental illness either live with a family member or have a family member involved in the management of their mental health treatment and recovery. One VA study found that veterans with schizophrenia who had family support reported a higher quality of life, fewer hospital days, and lower health care costs. Other studies have found that the involvement of relatives in treatment decreased relapse rates from 20 to 50 percent.

These demonstrated benefits of family involvement have prompted several expert groups to recommend that family psychosocial programs be offered to every individual with schizophrenia who has on-going family contact. Ideally, families should be offered a combination of education about the illness (psychoeducation), family support and crisis intervention, and behavioral family therapy.

Psychoeducation refers to a group of programs that share certain characteristics. For example, they are usually developed and led by mental health professionals to provide information on the symptoms and treatment for a particular psychiatric disorder, and are mostly focused on client outcomes. Psychoeducational programs have a variety of formats and settings and utilize different therapeutic techniques. These programs can provide single family or multiple family groups, didactic or interactive client participation in clinic or community-based settings. Despite the success of these programs few families participate in psychoeducational programs. In fact, one study found that less than 40 percent of outpatient family members received information about groups and attended a support group and less than 50 percent of relatives of inpatient were referred to programs.

Support groups are another resource for family members of individuals with acute and chronic psychiatric problems. These groups are typically offered several times a month and may be led by peers or health care professionals. Typically, support groups are not as formal as psychoeducational programs and give family members the option to attend on an "as needed" basis. Much of the emphasis in support groups is learning from others who are coping with similar difficulties. These programs are useful for those who need assistance but may not be able to commit to a regular program.

Common Ingredients of Effective Family Intervention Programs

- Educate family about psychiatric illness and management.
- Show concern, sympathy, and empathy toward family members.
- Avoid blaming the family or criticizing their attempts to cope.
- Foster the development of all family members.
- Enhance medication adherence and decrease substance abuse and stress.
- Improve communication and problem solving skills.
- Provide flexible treatment tailored specifically for the family.
- Encourage the development of social support outside family network.
- Instill hope.
- Take a long-term perspective.

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Vocational Rehabilitation: Recovery is Work

by Shirley Glynn, Ph.D.

Surveys indicate that 60 to 70 percent of clients with psychiatric disorders would like to work, but few do. Many factors contribute to under-employment; including some that are due to the disorders themselves and some that are related to the social consequences of the illnesses. Positive schizophrenia symptoms, such as paranoia, may limit the person's ability to get to a job; whereas depression and anxiety might make it very difficult for individuals to tolerate any scrutiny from their supervisors and prompt them to quit their jobs. In addition, some of the cognitive difficulties that are often observed in persons with psychiatric disorders may interfere with employment. For example, attention and learning problems may make some jobs difficult to perform. Side effects of psychiatric medications, such as sedation or motor problems, may also inhibit the ability to perform some jobs.

There are also many social factors that hinder employment for individuals with psychiatric illnesses. Stigma associated with having a psychiatric disorder may result in less frequent and less positive social interactions with coworkers. The overwhelming economic consequences of having a psychiatric disorder may also limit the resources necessary to obtain employment, such as having a car for transportation. The devastating personal consequences of psychiatric disorders may limit opportunities, such as education and vocational training, which are prerequisite for many jobs.

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LETTER FROM THE DIRECTOR

Stephen R. Marder, M.D.

Key to Recovery: Patient and Family Involvement

Patients with schizophrenia and their family members are asking mental health care providers to base their treatments on a recovery model. Although there are differences in opinion regarding the definition of recovery, all of the models emphasize that the goal of treatment should be more ambitious than maintaining patients in the community. Instead, the goal should be to assist patients as they attempt to recover functions that have been lost as the result of mental illness. The current issue of our newsletter makes a number of important points about the path to recovery.

Patients and families are finding that they can promote recovery outside of the traditional mental health care system. Families can play a vital role in the recovery process. For example, patients who have family supports tend to have a better outcome than those who do not. In addition, patients who receive psychosocial treatments are likely to respond better to these treatments when they are living with a family member. A number of studies have found that educating families about schizophrenia can improve their involvement and aid recovery. Unfortunately, studies have also found that this very effective form of treatment is often not available to family members. In response, This observation has led the National Alliance for the Mentally Ill (NAMI) had to developed the its own program for educating families. Their "Family to Family" (see box on NAMI programs on page 4) program is a 12 week course that provides high quality instruction about the nature of serious mental illness.which It was developed by family members with consultation by experts and which, more importantly, utilizes family members

Patients are also assuming a larger role in promoting recovery. A number of consumer organizations have developed their own programs for supporting patients with serious mental illness. These services are usually provided outside of mental health clinics. In addition, clinical programs are exploring the effectiveness of hiring consumer counselors to provide supports for other patients. These counselors have the potential for being role models for recovery. Dr. Matthew Chinman from our MIRECC was recently funded for a study of the effectiveness of consumer counselors.◆

Treatment and Recovery *(Continued from page 1)*

Behavioral Family Therapy (BFT) is another type of family intervention. It is conducted with the client and his/her family members, and is typically led by a nurse, a social worker, or psychologist. The goals of BFT include thorough assessment of problems, education about mental illness, and training to teach communication and problem solving skills to address specific concerns. Techniques such as role playing and homework are often used. BFT typically lasts a minimum of nine months with weekly meetings in the beginning of treatment that taper to monthly meetings. It may be conducted in a group with several families or with a single family.

Unfortunately, there are many barriers to participation in family psychoeducational programs. Families may be unable or reluctant to travel to meeting sites or may have other scheduling or caregiving responsibilities that preclude attendance. Mental health professionals may feel they lack the expertise to conduct family interventions, or may be unable to meet evenings and weekends, when families are often more available.

To address these obstacles, Dr. Shirley M. Glynn (See "Faces of MIRECC") is evaluating the efficacy of utilizing the internet to conduct multiple family groups online for caregivers of persons with schizophrenia at the VA Greater Los Angeles Healthcare System. The intervention includes two to three chats each week hosted by mental health professionals, written materials, streaming video lectures on pertinent educational topics (e.g. relapse prevention; depression and anxiety in caregivers), a discussion board, and links to online resources. To protect participant privacy, access to the site is password protected. For further information on the program or to make a referral of someone in the greater LA area, please contact Shirley Glynn at sglynn@ucla.edu.

For more information about psychoeducational programs, support groups, or behavioral family therapy, ask your mental health care provider or see NAMI program descriptions on Page 4.◆

Vocational Rehabilitation *(Continued from page 1)*

To overcome the many barriers faced by persons with serious psychiatric illnesses in returning to the workforce, many types of training programs have been established. Pre-vocational programs, also called "train and place" models, start individuals working in a sheltered setting and then graduate them to competitive employment. These individuals appear to benefit from these programs initially, however, many never graduate to competitive employment.

Another model of vocational rehabilitation, called Individual Placement and Support (IPS), is being investigated by researchers at the VISN 22 MIRECC. Often labeled "place and train", the goal of IPS is to obtain competitive employment in the community for every individual who would like to work. By minimizing prevocational training, IPS strives to quickly move individuals into competitive jobs, i.e., minimum wage jobs that are open for anyone to apply. The IPS model carefully considers the client's motivation and preferences to direct the job search and tries to match the client's skills, strengths, personality, and degree of illness and recovery with the job. Rather than expecting the client to change to fit the job, the goal of IPS is to find a position that matches the client. Furthermore, IPS services are embedded in the mental health treatment team setting where work is considered mental health *(Continued on page 3)*

Road to Recovery: Clients in the Driver's Seat

The concept of recovery has recently assumed a prominent role in the care for persons with severe mental illness such as schizophrenia. By definition, recovery places the client at the center of the treatment plan, emphasizing the client's strengths and goals and increasing his or her involvement in disease management. Several types of peer support programs have evolved. These include mutual support groups, consumer-run services, and employment of consumers as providers within the clinical and rehabilitative settings.

Similar to the 12-step programs that have been developed for persons with addictions, individuals with severe mental illnesses have formed support groups. Some have been formed by clients (GROW), while others were have been started by mental health providers (Recovery, Inc.). Support groups provide nurturing social networks, guidance in negotiating everyday problems, and examples of effective role models. Research has found that those persons who regularly attend groups and who are more committed to the group have larger social networks and may experience less severe psychiatric symptoms, have few hospitalizations or shorter lengths of stay.

Consumer-run services consist of drop-in centers (clubhouses), and residential, outreach and vocational programs. These services tend to be more structured in their activities and interactions than mutual support groups. For example, relationships in consumer-run services are more likely to take a traditional, one-directional form of professional-client relationship than a mutually supporting, two-directional peer-to-peer relationship. Consumer-run services may be more accessible to minority populations than traditional mental health services.

> According to William Anthony, a leader in the field of rehabilitation, recovery is viewed as a way of living a satisfying, hopeful and contributing life and involves the development of new meaning and purpose in a person's life as that person grows beyond the catastrophic effects of mental illness. The focus on recovery has been the result of the writing of people with severe mental illnesses about their recovery process and the results of long-term outcome studies showing that people with severe mental illnesses recover over time.

More recently, conventional clinical and rehabilitative programs have been hiring consumers as staff members. These consumer-providers can provide mentoring and role modeling, peer support and education, and assistance and counseling for everyday needs in a manner that mental health professional can not. Because the employment of consumers as providers is so new, little information is available to evaluate its effectiveness. However, a project led by VISN-22 MIRECC researcher Matthew Chinman, Ph.D., has recently begun to adapt a consumer provider intervention for veterans. Dr. Chinman, in conjunction with researchers from VISN-16, will gather information from surveys and interviews with both VA and non-VA clients, health care providers, and program managers to better understand the factors associated with the successful development and implementation of a consumer-provider treatment program to improve services to veterans with serious mental illnesses.◆

Vocational Rehabilitation

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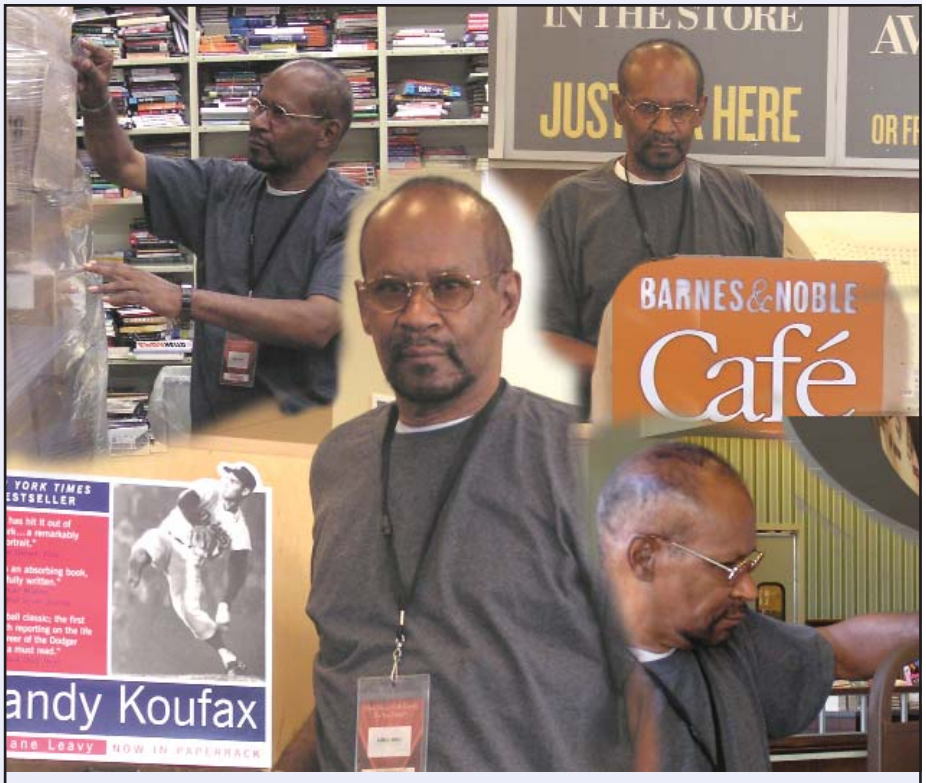
treatment. IPS is delivered by an employment specialist, a person with knowledge of both mental illness and business world, who serves as a member of the interdisciplinary treatment team. Further integration of treatment and rehabilitation is accomplished by continuing to support the client once he or she has been employed.

Studies have demonstrated that more people enrolled in the IPS model get jobs than those participating in other vocational rehabilitation models. Still, even with IPS, a substantial minority of clients with serious psychiatric illness does not get jobs and many have difficulty maintaining employment. The VISN-22 MIRECC is currently conducting an NIMH-funded trial under the direction of Dr. Stephen Marder to test an intervention to improve job tenure. In addition to IPS, some clients in the study will participate in a class that teaches more about the job itself, as wells as skills such as problem solving and appropriate socializing at work. To learn more about the study or to make referrals in the greater Los Angeles area please contact Colleen Kollar at (ckollar@ucla.edu).◆



Veteran Elmer Lee celebrates one year on the job at the Barnes & Noble store in LA

THE FACES OF MIRECC

Shirley M. Glynn, Ph.D.

Shirley M. Glynn, Ph.D., is an Associate Research Psychologist at the UCLA Department of Psychiatry and Bio-Behavioral Sciences and Clinical Research Psychologist at the Veterans Affairs Greater Los Angeles Health Care System at West Los Angeles. She received her Ph.D. from the University of Illinois at Chicago and has been involved in clinical treatment and research with seriously mentally ill (SMI) persons for nearly 20 years. Her primary interests have been the development and implementation of psychosocial programs for SMI persons, including family psychoeducational and behavior therapy groups.

What first sparked your interest in working with individuals with SMI and their families?

I became interested in working with families affected by serious mental illness, in part, because of intellectual interest, but mostly due to my frustration in finding these much needed services. I feel incredibly fortunate to get to do what I love and be paid for it. When I was in graduate school years ago reading articles written by many of my current colleagues, I never would have even dared to hope that I would have the chance to work side by side with them in the future. That is a gift.

What changes have you noticed over the years that you have worked with SMI in treatment, role of families, role of patient?

Community based treatment has changed everything. Now there is more responsibility/burden on family members to assist their loved ones on a daily basis. If folks are not able to be hospitalized, there is often an implicit assumption that their families or other caregivers will provide supervision and support 24/7. Many families rise to the occasion with remarkable strength and fortitude. Others really struggle and need a tremendous amount of support; often relatives are dealing concurrently with their own psychiatric illnesses or other life challenges, and a psychiatrically ill loved one is just one of the (too many challenges) they confront. Now, as budget constraints grow and the systems ratchet down services such as housing, supported employment, and the like, the demands on families are rising even higher. This can create tremendous stress for families and clients. On the plus side however, many more family members and clients are becoming sophisticated about both psychiatric illnesses and getting needs met. The advocacy movement is terrific. ◆

NAMI Programs

Family to Family
A nationally recognized 12 week education and support program to increase knowledge about the causes and treatment of mental illness and to improve the well being of family members.

The VA Medical Center sponsors programs locally in West Los Angeles (310 268-4064), San Diego (619 543-1434 x302) and the Long Beach area (800 826-8000 x4361).

Share and Care
One of several support groups in the Southern California region.

Peer to Peer
A unique, experiential learning program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery.

Information on NAMI programs can be found on the internet at www.nami.org or from the NAMI helpline at 1 800 950 NAMI

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